IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

October 15, 2007

James Varnadoe, Administrator
Seasons At Eagle-Seniorcare Management, LLC
815 Eagle Road
Eagle, ID 83616

License #: RC-879

Dear Mr. Varnadoe:

On August 9, 2007, an initial licensure survey was conducted at Seasons at Eagle-Seniorcare Management, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Donna Henscheid

DONNA HENSCHEID, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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August 20, 2007

James Varnadoe, Administrator
Seasons at Eagle-Seniorcare Management, LLC
815 Eagle Road
Eagle, ID 83616

Dear Mr. Varnadoe:

On August 9, 2007, an Initial Licensure survey was conducted at Seasons at Eagle-Seniorcare Management, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 9, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R879	A. BUILDING _____ B. WING _____	08/09/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS AT EAGLE-SENIORCARE MANAGEI	815 EAGLE ROAD EAGLE, ID 83616

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health care survey conducted at your facility. The surveyors conducting the initial health care survey were: Donna Henscheid, LSW Team Coordinator Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor Sydnie Braithwaite, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

1 of 2

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
~~Seasons at Eagle Senior Care~~ Management	815 Eagle Rd	939-9978
Administrator	**City**	**ZIP Code**
James Varnado	Eagle	83616
Survey Team Leader	**Survey Type**	**Survey Date**
Donna Henscheid	Initial Survey	09AUG07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	~~225~~ 300.01	– The facility RN did not delegate nursing functions for 3 out of 4 staff.	9/11/07	DH
2	305.01	– The facility RN did not conduct an assessment on Residents having bedrails or resident #3's massage/healing pad device.	9/11/07	DH
3	305.02	– The facility RN did not assure that Resident #3's medication orders were ~~not~~ consistent with instructions listed on each medication bottle found in her room. (There were some empty bottles, some bottles had outdated medication regimens.)	9/10/07	DH
4	320.02.b	– The NSA for two residents (#2 #6) did not clarify what specific resident cares were to be provided by outside contract services.	10/4/07	DH
5	320.08	– The facility did not conduct a periodic review for Res. #2	9/11/07	DH

Response Required Date	Signature of Facility Representative	Date Signed
9/09/07	[signature]	8-9-07

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II of II

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Heritage Eagle Senior Living	815 Eagle Rd	939 9978
Administrator	**City**	**ZIP Code**
Lisa Vagnado	Eagle	83613
Survey Team Leader	**Survey Type**	**Survey Date**
Donna Hemstead	Initial	09/06/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
	(cont)			
5	320.08	after a change in condition.		
6	450	The facility did not meet Idaho Food Code standard (see "Food Inspection Report")	9/10/07	DH
7	625.01	One out of five staff did not have 16 hours of orientation training within the first month of hire.	9/10/07	DH
8	630.01	One out of five staff did not have specialized Dementia Training.	9/10/07	DH
9	630.02	One out of five staff did not have specialized Mental Health Training.	9/10/07	DH
10	730.01	One out of five staff did not have criminal history clearance.		
11	300.02	The facility RN did not assure that Residents # 1, 7 and 6's orders prescribed by the physician were implemented.	10/4/07	DH

Response Required Date	Signature of Facility Representative	Date Signed
9/04/07		8-9-07